REFERENCE NO.	

January 19, 2012

ARCHITECTURAL & ENGINEERING SERVICES TO DESIGN A NEW BEHAVIORAL HEALTH BUILDING

FOR

MILWAUKEE COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Project No. E033-12415: Behavioral Health Department

MILWAUKEE COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES
Facilities Management Division
ARCHITECTURAL, ENGINEERING & ENVIRONMENTAL SERVICES
2711 W. WELLS STREET
MILWAUKEE, WI 53208
PHONE: (414) 278-3922

January 19, 2012

Ref. No.

All Interested Consultants.

Subject:

Request For Proposals (RFP) To Provide Professional Architectural and Engineering Design Services:

Project No. & Name -

E033: Behavioral Health Department - New Building Design

Milwaukee, Wisconsin

Section I - Introduction:

Background

This is a Request for Proposal (RFP) authorized by the Department of Health and Human Services (DHHS) to provide basic professional architectural and engineering design services necessary to program and design a new behavioral health building, which is necessary to assure continued mental health services in the Milwaukee area. The new building may replace functions now provided at the existing Behavioral Health Division (BHD) facility located at 9455 Watertown Plank Road, in Wauwatosa, Wisconsin.

The Mental Health Complex was constructed in 1978 and is located at 9455 Watertown Plank Road in Wauwatosa, Wisconsin. It is a four story, multi-level facility constructed slab on grade. The existing 300 bed facility includes a licensed psychiatric care hospital unit, with approximately 120 beds; two long term care nursing homes for mentally ill, approximately 21 beds; a chronically mentally ill patients unit, approximately 72 beds; and a dual diagnosis unit, approximately 72 beds. Emergency room services for 15 beds are provided to patients with mental related problems. Conference rooms, administrative support offices, doctor offices, and nurses' stations are located within the facility, as well. Minor renovations have occurred in various sections of the hospital since its original construction; although a code compliance upgrade, HF124, as mandated by the state of Wisconsin, is currently underway. The facility also includes a sandwich shop, a courtroom, a pharmacy, a group therapy and security station. The BHD currently uses approximately 425,400 total square feet of a total usable space of 591,000 square feet.

Over the last 5 years BHD has been actively exploring various ways to provide efficient space of their operations. Consideration has been given to consolidating space used within the existing building, relocating BHD into an existing newly remodeled code compliant building, building a new building, or a combination thereof.

Design Considerations

In the past two years, on behalf of Milwaukee County Department of Health and Human Services [DHHS], planning and space evaluation studies were conducted by a respected, local architectural firm, Zimmerman Architectural Studios [ZAS]. The studies first looked at relocating the Behavioral Health Division [BHD], including a Psychiatric Crisis Services/Observation Unit, Patient Units, and office space into the existing St. Michaels Hospital. Subsequently a plan submitted by the "New Behavioral Health Facility Study Committee" endorsed a plan stating that Milwaukee County's current inpatient model of providing mental health care is financially unsustainable and less cost effective than a community-based mental health system and urged county government to permanently and fundamentally shift its funding, staffing, and programming

into a community-based system of care, also, endorsing Milwaukee County's continued operation of an inpatient hospital facility with a hypothetical 120 *(maximum)* number of county provided inpatient beds as part of the Milwaukee County obligation to provide safety net services to persons with mental illness.

The New Behavioral Health Facility Study Committee, the DHHS and BHD presented a report that responded to the question, "If a new mental health facility were to be built, what would be the minimum size (building) needed and what would need to occur to assure continued service to individuals with mental health services needs in Milwaukee County?"

ZAS presented a preliminary model of what they envisioned a future mental health facility might look like to the New Behavioral Health Facility Study Committee. However, ZAS was clear in stating that the model that they presented was not intended to be taken as a final recommendation of what the future Milwaukee County mental health facility might look like. Based upon the ZAS report the following data was generated:

Building Location: 10 to 13 acres on Milwaukee County Grounds site

- 450 Surface parking spaces
- 0.75 Acre detention pond (for storm water management).
- Loop water system with two water sources per hospital code

Building Gross Floor Area: 200,000 gross square feet

- 96 long term inpatient beds
- 24 observation beds
- 140,000 square feet (approx.) Patient Units, Support Services and Day Treatment
- 60,000 square feet (approx.) Medical Office Building Note: 300 Offices/Cubicles
- Patient Care Hospital with 24 Beds/Patient Unit (one-story unit).
- Expansion or swing space (to be used as needed).

Estimated Probable Construction Costs: Between \$49,363,000 @ \$200/sf. and \$59,187,000 @ \$242/sf. (Exclusive of engineering design and County A/E project management fees) Information Technology Costs: \$600,000 (approx.)/300 Units (Offices/Cubes), including phones, switches, new computers, cabling and internet, copiers, printers, and teleconferences units.

Movable Equipment: Not included

Furniture Costs: \$360,000 at \$6.00/square foot.

Moving and Relocation Costs: \$200,000 (Moving existing furniture, patient belongings, support

equipment and miscellaneous).

Section II - General:

Consultant services shall be divided into two distinct parts: Programming and Design. Both parts are required to establish and confirm the design and construction of a new Behavioral Health Facility for Milwaukee County Department of Health and Human Services.

Project Programming Stage:

The Consultant shall establish a methodology to verify existing information and stimulate client and user groups decisions, which shall be necessary to establish client goals, process extensive

existing pertinent information and data, determine what goals and objectives shall be achieved, confirm the construction budget, synthesize spatial needs and quality of construction, and, finally, state what are the significant conditions and general directions the design of a new building or facility should take. The Consultant shall also establish in this phase the likely annual costs for operation and maintenance over the life of the facility.

The consultant shall demonstrate that it has an effective strategy to match up client goals, facts, concepts, needs, and problems with form, economy and time (historical, present, and future) as it relates to this project, a new behavioral health facility. The consultant's program must be well organized, make sense, and ease transition from program to design.

(Refer to Attachment 2 – Milwaukee County Department of Administrative Services Type "A" Agreement, attached).

Project Design Stage:

Design services shall include programming, Schematic Design, Design Development, Construction Documents, Bidding/Negotiation and Construction Administration Phases. The architect/engineer responsible for design must provide Milwaukee County with final plans stamped and signed by the responsible architect/engineer(s) with their respective Wisconsin Registration Seal(s).

A copy of Milwaukee County Department of Public Works - Stipulated Sum (Lump Sum) Standard Prime Consultant Agreement for Professional Services (Type "A" Agreement) is attached. The Architect/Engineer's (Consultant's) scope of service is to be divided into six (6) phases.

(Refer to Attachment 2 - Type "A" Agreement, Article 3: Basic Services).

Section III - Scope of Consultant's Basic Services:

- A. Stage 1 Project Programming
- B. Stage 2 Project Design

Phase 1 – Schematic Design Phase:

Provide a schematic design and cost estimate for this phase of the project. The cost estimate shall be broken down into the proposed respective construction phases and include a breakdown of the major components. Include a breakdown of work done as a part of this project's construction budget and, if necessary, those items that might need to be funded outside the project budget or in future years.

Phase 2 - Design Development Phase:

Based upon the approved written program and budget, the Consultant shall prepare studies and drawings, an outline specification of suggested construction materials and systems, and submit recommendations for approval by the Owner.

Phase 3 - Construction Document Phase:

Based on the approved results of the Design Development Phase, this phase will include a minimum eighty percent (80%) completed construction / bid documents review period for the work to be included in the construction phase of this project, which includes the Project Manual and Drawings.

This phase of the project shall also include the 100% completion of the construction Bid Documents, printing and delivery of one (1) set of the completed construction Bid Documents for reproduction and distribution by Milwaukee County during the bidding phase of the project.

Phase 4 - Bid / Negotiation Phase

All Contract Documents shall be made available to the bidders through the Owner. The Consultant, however, shall be prepared to answer questions and provide necessary clarifications to the Contract Documents when required at no additional cost to the Owner.

Phase 5 - Construction Phase

In addition to the documentation requirements for each phase of work as noted in the attached agreement for professional services, the Consultant(s) will be required to provide a zip disk in Microsoft Word 2000 format, containing all relevant project documents they have prepared during each phase of the project. Those documents shall include all correspondence, transmittals, etc. to Milwaukee County, other agencies, sub-consultants, etc.

Milwaukee County reserves the right to request partial or full reimbursement from consultants for change orders resulting from errors and omissions in the services they are contracted to provide.

General Services Required of Consultant(s):

The Consultant shall provide complete and comprehensive architectural programming and design services. The architect/engineer responsible for the design must provide Milwaukee County with final plans stamped and signed by the responsible architect/engineer(s) with their Wisconsin Registration Seal(s).

(Refer to Attachment 2 – Milwaukee County Department of Administrative Services Type "A" Agreement for additional information regarding the requirements of the Milwaukee County Professional Services contract.)

Section IV – Tentative Schedule:

The schedule shown below is based on Consultant Contract Award Date of April 9, 2012.

RFP Public Advertisement start
 RFP Pre-proposal Meeting (MANDATORY)
 1/19/12 thru 2/20/12
 1/31/12

3. RFP Due: 2/20/12 and Selection Committee Review 2/21/12 thru 2/29/12

4. Selection Committee top 3 Consultants 3/01/12

5. Interview of Top Three Consultant(s): 3/15/12

6. Consultant agreement signed and Notice to Proceed: 3/27/12 thru 4/10/12

Part 1 of	f Consultant Services	
7.	Programming Plan Phase completed:	4/12/12 thru 5/10/12
8.	Reviewed and approved:	5/11/12 thru 5/18/12
Part 2 of	f Consultant Services	
9.	Schematic design Phase completed:	5/21/12 thru 7/02/12
10.	Reviewed and approved:	7/03/12 thru 7/13/12
11.	Design Development Phase completed:	7/16/12 thru 8/17/12
12.	Reviewed and approved:	8/20/12 thru 8/27/12
13.	Construction / Bid Document 80% Completed:	10/15/12
14.	80% Construction / Bid Documents reviewed & approved:	10/22/12
15.	Construction / Bid Documents 100% completed:	11/12/12
16.	Print & Deliver Bid Documents:	11/13/12 thru 11/16/12
17.	Bidding Phase, project out to Bid:	11/19/12
18.	Bid Opening Due:	12/19/12
19.	Award Construction Contract:	1/11/13
20.	Construction, Notice to Start Construction to Contractor:	1/25/13
21.	Pre-construction meeting:	2/08/13
22.	Project Closeout, Project completed:	6/08/14

Section V - Proposal Content:

Each proposal shall contain a description or information in the following areas:

- Cover: Include project number and name, project location, proposal title (Proposal for Professional Services), Consultants name(s), address(es), telephone number(s), FAX number(s), etc., proposal date, etc.
- B. Table of Contents: Include a clear identification of the material by section and by page number.
- C. Letter or Transmittal: Limit to two pages; briefly state the consultant's understanding of the service to be provided and a positive commitment to perform the services as defined in the RFP.
- D. Organization Description: A description of the organization submitting the proposal, include the name, size, legal status (corporation, partnership, etc.), professional registration / certification, major type of activity or areas of consulting. The organization must be licensed to operate in the State of Wisconsin. Include a copy of current license, certification or registration.
- E. Organization's Experience: We are looking for Architecture/Engineer(s) who have proven experience in similar types of projects. We are looking for Architect/Engineer(s) who have proven experience in similar types of projects, as well as LEED, Green Globe, green building, and sustainable design practice experience. Include a list of similar projects that the organization has participated on in the past five (5) years. Attach a separate sheet for each project, up to five (5) maximum, giving a brief description of each project and the organization's participation.

- F. Project Organization and Staff Experience: Include an organizational structure of the project team, including the relationship of the sub-consultants chosen for this project. The name of the Principal-In-Charge of this project along with their Professional Engineers Registration Number in the State of Wisconsin must be clearly indicated in this section of the proposal, along with the name, occupation and title of the Project Manager, who will be in charge of this project. Provide a resume' for each individual involved in the project, and include their name, title and duties for the project, professional registration, a brief description of related experience including time contribution in this capacity to past projects and qualifications.
- G. Alternate Principal-In-Charge: Include the name of an Alternate Principal-In-Charge in the event that the originally declared Principal-In-Charge is not able to fulfill their duties. Milwaukee County DPW also reserves the option to select an Alternate Principal-In-Charge.
- H. Sub-Consultants: Indicate the names and addresses of any sub-consultants and/or associates proposed to be used in this project. State the capacity they would be used in and the approximate percentage of the total services they would provide. Also state their past experience in the field of service required.
- I. Project Approach: Provide a description of the programmatic, architectural, engineering, environmental, mental health service challenges and public involvement issues you anticipate in this project and how you propose to overcome them.
- J. Scheduling: Provide a bar chart form schedule which indicates a sequential, time table, and relationship of tasks, which are necessary to complete the project, based on the schedule as noted in the Project Schedule of this RFP.
- K. Constant Effort: Provide a detailed breakdown *(spreadsheet format)* of the direct hours by task, position, and person to complete the project as described in this RFP.
- L. DBE Goals: Milwaukee County's policy is to achieve twenty-five percent (25%) Disadvantaged Business Enterprise participation in the professional services to be performed. The proposal must list names and addresses of the DBE firms used, the tasks performed by them and percentage of the work performed by them. The work must be done by certified DBE firms, with the goal of the selected work which will enhance and further the DBE's experience in the design through construction administration process of this project. For assistance, contact the Community Business Development Partners [CBDP] Office at (414) 278-5248.
- M. Quality Control: Submit a contract document quality control plan. Quality control is to be performed by individuals not assigned to the project on a ongoing basis.
- N. Equal Opportunity Employer: The Consultant(s) must be an Equal Opportunity Employer. Proof of this must be indicated in that section of the Proposal.
- O. Fee Proposal: The fee for this project shall be clearly stated as a lump sum for basic services as detailed in this document. Progress payments for those services will be

made as stated in the attached professional services agreement. Include a copy of Attachment B-1" of the attached professional services agreement in this part of the proposal to indicate the direct salary rates, fixed overhead rates, etc. for any additional services that may be required.

Section VI - Proposal Submission Requirements and Format:

A. The Proposal must be submitted by Monday, February 20, 2012 at 2:00 P.M. cstto:

Milwaukee County Department of Administrative Services Architecture, Engineering & Environmental Services Section Facilities Management Division City Campus, Room 223 2711 W. Wells Street.

Milwaukee, Wisconsin 53208

Attention: Walter L. Wilson, FAIA, NOMA, NCARB Principal Architect

- B. Six (6) copies of the Proposal must be submitted in a sealed envelope only. No other container is acceptable.
- C. Each envelope must be identified with the submission date, RFP number, project number and title, and name and address of the submitting party. Envelopes which are not properly identified or received after the time and date as noted above will be rejected.
- D. The proposal must be submitted in a single bound 8-1/2" X 11" document.
- E. In order to expedite the Agreement award process, each Prime Consultant is to completely fill in and include the attached Stipulated (Lump Sum) Standard Prime Consultant Agreement for Professional Services Type "A" Agreement. Insurance forms as required per the agreement will be required from the successful consultant only. This is to be included in the Fee Proposal envelope.

Section VII - Proposal Evaluation / Consultant Selection:

- A. Refer to Section XV of the attached "Milwaukee County Proposal Preparation, Submission and Evaluation Guidelines" for the evaluation criteria. Proposers must recognize this is not a bid procedure and a Professional Services agreement will not be awarded solely on the basis of the low fee proposal. Milwaukee County reserves the right to accept or reject any and all proposals, issue addenda, request clarification, waive technicalities, alter the nature and/or scope of the proposed project, request additional submittals, and/or discontinue this process.
- B. With the signing and submission of a statement of proposal the submitting the Consultant certifies that the standard terms and conditions of the Agreement for Professional Services (that will be used to contract with the selected consultant) has been read and understood and that the submitting consultant is ready, willing and able to sign the agreement when requested without making any substantive changes.

- C. The successful Consultant must be an Equal Opportunity Employer.
- D. Proposals will be evaluated and ranked on the following criteria:

	Total:	100%
5.	Qualifications/Experience of DBE Consultant(s)	15%.
4.	Fee and hourly rates:	10%.
3.	Qualifications and experience Prime Consultant*	20%.
	to perform requested work and time schedule*	35%.
2.	Project approach and understanding, including strategy	
1.	Quality and responsiveness to the RFP:	20%.

Total: 100%.

- E. The evaluation team will be made up of three (3) to five (5) individuals with technical knowledge of the requirements, and familiarity with the project.
- F. Selection of the Consultant(s) will be made entirely on the basis of the items requested in the RFP and as addressed in the Proposals.
- G. The evaluation may include an interview of a short list of up to three (3) finalists.

However, an award may be made without this interview. The interview will be evaluated 40% on the previous qualification rating, as well as fee and the response to the project requirements. A contract award may be made without this interview.

Section VIII – General Requirements:

- A. The successful Consultant and/or any Contractor affiliated with the prime consultant shall be prohibited from submitting bids in the construction bidding process for this project.
- B. Bidders shall follow Milwaukee County Code of Ethics as follows:
 - No person(s) with a personal financial interest in the approval or denial of a Contract being considered by a County department or with an agency funded and regulated by a County department, may make a campaign contribution to any County official who has approval authority over that Contract during its consideration.
 - 2) Contract consideration shall begin when a Contract is submitted directly to a County department or to an agency until the Contract has reached final disposition, including adoption, County Executive action, proceeding on veto (if necessary) or departmental approval.

^{*} Amends "Proposal Preparation, Submission & Evaluation", Article XV, paragraph b & c in Attachment 3.

- Milwaukee County reserves the right, in its sole discretion, to reject any or all proposals, issue addenda, request clarification, waive technicalities, alter the nature and / or scope of the proposed project, request submittal, and / or discontinue this process.
- Milwaukee County shall be not be responsible for oral interpretations that commit the D. County to the influence of the outcome of the proposal, given by Milwaukee County employees, representatives, or others.
- All proposals should use this RFP and its attachments as the sole basis for the E. proposal.
- The issuance of a written addendum and the pre-proposal meeting are the only official F. methods through which interpretation, clarification or additional information will be given.
- Proposals will not be opened in public. G.
- This is an RFP, not a bid. Therefore, Milwaukee County is not bound to accept the H. lowest fee for professional services as the basis of selecting Consultant(s).
- All incurred costs attributable to preparing a proposal, attending the selection interview, 1. if required, or supplying additional information requested by Milwaukee County, is the sole responsibility of the submitting party.
- All materials submitted will not be returned. J.
- All questions regarding this RFP shall be directed in writing to: K.

Milwaukee County Dept. of Administrative Services Architecture, Engineering & Environmental Services Section Facilities Management Division City Campus - Room 223 2711 W. Wells Street Milwaukee, Wisconsin 53208 Tei.: (414) 278-4854. Fax: (414) 223-1366

Internet Email: wwilson@milwcnty.com

Attention: Walter L. Wilson, FAIA, NOMA, NCARB Principal Architect

Sincerely,

Walter L. Wilson, FAIA, NOMA, NCARB. Principal Architect

Attachments:

Attachment 1 - Project Location Map

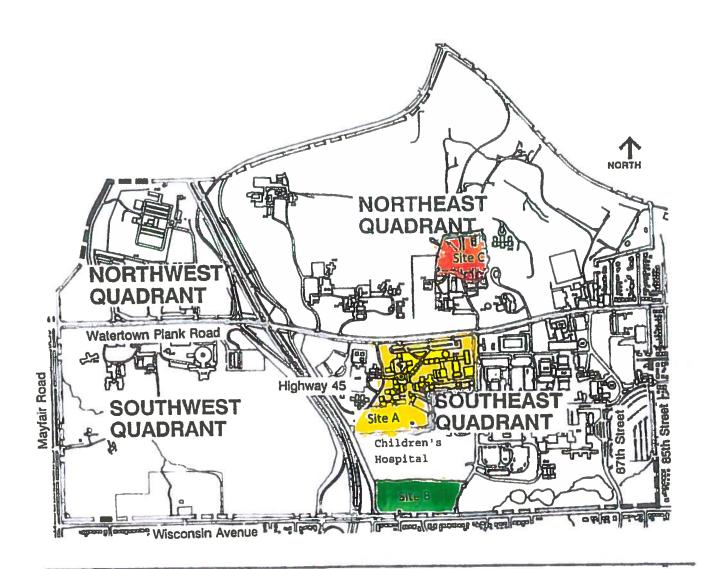
Attachment 2 - Milwaukee County Dept. of Public Works - Stipulated Sum (Lump Sum) Standard Prime Consultant Agreement for Professional Services (Type"A"Agreement)

Attachment 3 - Proposal Preparation, Submission and Evaluation Guidelines

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Attachment 4 – Consultant Proposal Form
Attachment 5 - Study for Milwaukee County Behavioral Health New Hospital Conceptual Layout
Milwaukee County Inter-Office Communication Dated April 18, 2011 from Interim Dir. DHHS

ATTACHMENT 1 PROJECT LOCATION MAP



ATTACHMENT 2 MILWAUKEE COUNTY DEPARTMENT OF ADMINISTRATIVE SERVICES TYPE A STANDARD AGREEMENT

ATTACHMENT 3 PROPOSAL PREPARATION, SUBMISSION AND EVALUATION GUIDELINES

PROPOSAL PREPARATION, SUBMISSION AND EVALUATION GUIDELINES

I. <u>Explanation to Prospective Offerors</u>

Any prospective offeror desiring an explanation or interpretation of this RFP must request it in writing no later than seven business days before the last date for submission of proposals. Requests should be directed to the individual in charge at the address listed in the RFP. Any information given to a prospective offeror concerning a solicitation will be furnished promptly to all other prospective offerors as an amendment to the RFP, if that information is necessary in submitting offers or if the lack of it would be prejudicial to any other prospective offerors.

II. Complete Proposals

Proposals shall represent the best efforts of the offerors and will be evaluated as such. Proposals must set forth full, accurate, and complete information as required by this section and other sections of this RFP.

III. Unnecessarily Elaborate Proposals

Brochures or other presentations beyond those sufficient to present a complete and effective response to this solicitation are not desired and may be construed as unnecessarily elaborate and an indication of the offeror's lack of cost consciousness. Elaborate art work, expensive paper and binding, and expensive visual and other presentation aids are neither necessary nor desired. Concise and clear proposals are sought.

IV. Retention of Proposals

All proposal documents shall be retained by the County and therefore, will not be returned to the offerors. The County will not pay for preparation of proposals or for proposals that are retained by the County.

V. Examination of Proposals

Offerors are expected to examine the Site, Statement of Work and all instructions and attachments in this RFP. Failure to do so will be at the offeror's risk.

VI. Legal Status of Offeror

Each offeror must provide the following information in its proposal:

- A. Name of the offeror;
- B. Whether offeror is a corporation, joint venture, partnership (including type of partnership), or individual;
- C. Copy of any current license, registration, or certification to transact business in the State of Wisconsin if required by law to obtain such license, registration, or certification. If the offeror is a corporation or limited partnership and does not provide a copy of its license registration, or certification to transact business in the State of Wisconsin, the offeror shall certify its intent to obtain the necessary license, registration or certification prior to contract award or its exemption from such requirements; and
- D. Copies of any current license, registration or certification required in RFP;

E. If the offeror is a partnership of joint venture, names of general partners or joint venturers.

VII. <u>Organization of Offeror</u>

Each proposal must further contain a chart showing the internal organization of the offeror and the numbers of regular personnel in each organizational unit.

VIII. Offerors Authorized Agent

Each proposal shall set forth the name, title, telephone number, and address of the person authorized to negotiate in behalf of the offeror and contractually bind the offeror, if other than the person signing the proposal.

IX. Price Schedule Submission

Offerors are to submit prices for each item identified in the Proposal. Offers for services other than those specified will not be considered. The prices set forth in the schedule will be used for evaluation purposes and for establishing a contract price. Milwaukee County reserves the right to accept or reject any and all Proposals.

X. Certification and Representations

Offerors shall return with their proposal resumes and any other documents as may be requested in the RFP.

XI. Signing of Offers

The offeror shall sign the proposal and print or type its name on the form. Erasures or other changes must be initialed by the person signing the offer. Offers signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the County.

XII. Proposal Guarantee

By submitting a proposal the offeror guarantees that it will keep its initial offer open for at least 60 days.

XIII. Acknowledgement of Amendments

Offerors shall acknowledge receipt of any amendment to this solicitation by signing and returning the amendment or by letter or telegram including mailgrams. The County must receive the acknowledgment by the date and time specified for receipt of offers. Offeror's failure to acknowledge an amendment may result in rejection of the offer.

XIV. Late Proposals and Modifications and Withdrawals of Proposals

Any proposal received at the office designated in the solicitation after the exact time specified for receipt will not be considered.

XV. Proposal Evaluation Criteria

Following a list of general criteria which will be used to evaluate the proposals:

- a. Quality and responsiveness to the RFP. Weight: 20%
- b. Project approach and understanding, including strategy to perform requested work and time schedule. Weight: 35%.
- c. Qualifications and experience. Weight: 20%
- d. Fee and hourly rates. Weight: 10%.

XVI. Staffing

Consultant shall provide, at its own expense, all personnel required in performing the services under this agreement. Such personnel shall not be employees of Owner.

The offeror must describe his or her qualifications and experience to perform the work described in this RFP. Information about experience should include direct experience with the specific matter and similar facilities. Areas of expertise of each proposed staff member shall be provided (i.e., engineering, economics, architecture, planning). Specific examples of similar or related projects previously conducted shall cite:

- Name of client organization
- Name, address, and current telephone number of client contact person
- Contract number and inclusive dates
- Contract amount

Offeror shall provide the following information for every resume:

- Full name
- Title and areas of specialty
- Affiliation (that is, staff of offeror or subconsultant)
- Experience directly related to the proposed project
- Education/training
- Individual personnel hours and percentage of total project time which will be devoted to the proposed project in total and broken down by task. (See suggested matrix below)
- Resumes shall be included for all personnel expected to work on the project. Only resumes of staff or subconsultant staff employed by or under contract with the firm as of the date of proposal submission are to be included.

 $O: \label{lem:condition} O: \label{lem:condition} O: \label{lem:condition} WPDOC \label{lem:condition} FP\kappa \label{lem:condition} Proposal\ prep-evaluation. doc$

	NAME OF EMPLOYEE 1	NAME OF EMPLOYEE 2	ETC	EXPENSES	SUBTASK	TASK TOTAL
TASK	HOURLY RATE W/OH	HOURLY RATE W/OH	ETC		TOTAL	
DESCRIPTION						
1. TASK 1	Number of Hrs/Task	Number of Hrs/Task				
2. TASK 2						:
3. TASK 3						2
4. TASK 4						7/
5. TASK 5						
6. TASK 6						
TOTAL HOURS						
TOTAL COST						
% OF TIME						

TOTAL	FEE:	

ATTACHMENT 4 CONSULTANT PROPOSAL

MILAUKEE COUNTY DEPARTMENT OF ADMINISTRATIVE SERVICES ARCHITECTURE, ENGINEERING & ENVIRONMENTAL SERVICES

PROJECT: Behavioral Health Department: New Building Design -- PROJECT NO. E033

CONSULTANT PROPOSAL

I.	BASIC SERVICES (Include services of all needed subconsultants) LUMP SUM OR ACTUAL COST – "NOT TO EXCEED FEE"
	\$
	()
II	REIMBURSABLE EXPENSES
	ACTUAL COST: \$
111	ADDITIONAL SERVICES (Include services of all needed subconsultants)
	ACTUAL COST "NOT TO EXCEED FEE":
	\$
	()
IV	PRINCIPAL IN CHARGE
	Name of Principal
	Architect's Registration No. in Wisconsin
	Other Registration Numbers in Wisconsin
	Flat hourly rate for Principal
Pleas	e note if waiving Disadvantage Business for this project.
	Firm Name
	Authorized Signature
	Title
	Date

ATTACHMENT 5 NEW BEHAVIORAL HEALTH FACILITY STUDY COMMITTEE FINAL REPORT

New Behavioral Health Facility Study Committee Final Report

The Milwaukee County Board of Supervisors adopted a resolution (File No. 10-322) in November, 2010, forming a Special Committee of Milwaukee County Supervisors, appointed by the Chairman of the Board, to examine the merits of locating some BHD functions at sites other than the County Grounds, BHD space needs, and possible locations on the County Grounds for a new facility. The resolution called for the Special Committee to submit their final report no later than June 1, 2011. This report, prepared by the New Behavioral Health Facility Study Committee, seeks to fulfill the directives outlined in that resolution. Each directive the special committee was to work on is described in detail below. A summary of the committee's meetings is also included, see Attachment 2.

On May 26, 2011 the Milwaukee County Board of Supervisors adopted an amended resolution (File No. 11-197/11-23) which extended the reporting deadline from June 1, 2011 to July 15, 2011 with the opportunity for an extension should additional time be needed, and requested by the chair of the committee. This resolution, among other things, directed that the New Behavioral Health Facility Study Committee shall direct the Department of Health and Human Services to return with an RFP for review and approval within 30 days following passage of the resolution by the County Board. On June 8, 2011 a memo from County Board Chief of Staff, Terrence Cooley, clarified the final *Resolved* clause to mean 30 days after passage of a resolution to implement the recommendations of the committee report.

As the committee worked toward fulfilling the directives of the initial resolution, it became clear that making a final recommendation as to the size and design of constructing a new facility on the county grounds would require careful consideration of all of the recommendations included in the various other reports that have been issued thus far as well as recommendations from the Community Advisory Board.

Based on the recommendations from the reports that have been issued to date, the committee agrees that the new mental health facility regardless of size must include the following:

- a. An intensive treatment unit for the most acute patients that pose a safety threat to themselves, other patients and hospital staff as outlined in the Patient Safety Audit released in October 2010 by the Department of Audit.
- b. A segregated female gender unit in order to be able to offer patients the option of staying in a segregated environment while they are receiving care at the hospital as discussed in the Mixed Gender Patient Care Units Study prepared by BHD staff.
- c. All of the recommendations of the Sheriff Site Safety Audit.

As this report points out in the information provided, pinpointing the exact size of a new hospital at this point in time is difficult, but the committee firmly believes that the current 280 bed facility is too large and is creating a model of care that is financially unsustainable. In order to better meet the needs of the clients, the committee recommends a significant downsizing of the county run facility and shifting emphasis to a less costly model of care in the community. This action will make for a more efficient use of the money being spent by the county on mental healthcare allowing for a much needed expansion of services aimed at reducing the county's unusually high level of emergency care.

<u>Task 1:</u> Examine current and potential operating revenues and evaluate the merits of locating some functions of BHD, such as nursing home and outpatient services, at sites other than the County Grounds in a manner that is more integrated with the community and perhaps more cost effective.

Almost immediately upon completion of construction for Milwaukee County's current mental health hospital on the county grounds, the preferred model for delivery of care drastically changed. At the time the facility was built, mental healthcare was believed to be best administered in large institutional settings where the patients were isolated from society. Since that time, industry best practices have evolved and completely reversed on how and where mental healthcare is best administered.

Today, experts in the field of mental healthcare believe that treating patients in the community where they can be surrounded by family and friends rather than having them sequestered in large, impersonal settings is more therapeutic and achieves better results.

The Human Services Research Institute report, *Transforming the Adult Mental Health Care Delivery System in Milwaukee County*, (HSRI) recommends that the county transition from its present service delivery model which includes the operation of a large institution to smaller facilities located around the county. HSRI also recommends that Milwaukee County take steps to greatly increase outpatient services in the community. Giving clients other options for treatment would lessen their dependency on the BHD facility. Based on quarterly updates from the Community Advisory Board, the Facility Committee feels it is safe to assume that their report will concur with these HSRI recommendations. The New Behavioral Health Facility Study Committee agrees with these recommendations as well (at the March 15, 2011 Facility Committee meeting, the committee approved a motion, 5-0, to adopt the HSRI Study as the committee's framework for an overall health care plan model).

Over the course of our meeting timeline, our committee received testimony from numerous community providers all of which either directly or indirectly currently provide mental health services to Milwaukee County clients. The recurring theme we heard from each of these service

providers is that they are capable and willing to expand capacity and services provided to county clients. This information is noteworthy because it dispels the often held belief that Milwaukee County "must" provide all of these services itself because the private sector is unwilling to do so. However, the willingness of private providers to commit to expansion is dependent upon assurances that a stable funding source will be available. The committee believes that while the county should be viewed as the last payer of resort, the Board must commit to properly funding mental health services as they are transitioned from being county-provided to community-provided. We recommend that the county continue funding BHD at current levels at least for the foreseeable future.

The HSRI report further suggests that the county may need to actually increase spending on mental healthcare in order to build up treatment capacity in the community before any downsizing or shifting of services from BHD to private providers could occur. The committee is concerned that given the county's present fiscal constraints, and the fact that further pressure is likely to occur on already strained financial resources as a result of the next state budget, funding streams for individuals or programs may be difficult to increase. As a result we believe that the buildup of capacity in the community must be simultaneous with the drawdown of county provided services.

In order for this simultaneous transfer to be successful, careful detail-oriented planning must be done to prevent any gap in services from occurring that could lead to patients falling through the cracks.

In order to insure that adequate levels of service remain available to our clients during this transition period, the committee recommends that a clear public/private partnership between BHD and the community providers be in place. This element is critical to enable BHD to seamlessly shift from a provider of services to a purchaser of services where possible.

The County Board recently passed a resolution (File No. 11-173/11-284) forming the Mental Health Redesign Task Force to coordinate recommendations from:

- The Community Advisory Board
- New Behavioral Health Facility Study Committee
- Chairman Holloway's Mental Health Pilot Project
- HSRI Report
- Dept. of Audit Patient Safety Audit
- Sheriff Site Safety Report
- Mixed Gender Unit Study
- 2011 Budget Initiatives (Hilltop downsizing planning, crisis capacity study, and 1915i)

The purpose of this task force is to create a data-driven implementation plan to integrate mental healthcare into the community.

The committee believes it is important to include all stakeholders in this process and recommends that the task force members include BHD staff, community providers, community advocates and consumers.

The best example of how a strong public/private partnership can perform successfully is the Crisis Resource Center (CRC) model.

The CRC model is a community-based psychiatric crisis intervention program that provides "recovery focused" assessment, stabilization, psychosocial groups and peer support for persons living in Milwaukee County. While inpatient hospitalization costs at BHD run \$1364 per day, the CRC model provides this service for about \$450 per day.

At roughly one third the cost of service, by working with the private sector to increase capacity in facilities operating based on the CRC model, the county could generate a substantial amount of savings that could be reinvested in expanding other badly needed community support services. Without the continuum of care provided by these community support services, a downsizing of BHD will not be possible. The Facility Committee supports efforts by BHD and CRC staff to negotiate sustainable funding for the existing CRC with the State of Wisconsin.

Based on the urgency to improve mental healthcare for our residents and the need to maximize the efficiency and effectiveness of our mental healthcare dollars, there is some concern on the timeframe for creation and execution of the implementation plan. The resolution referenced above does not include a deadline for completion of the work required by the Mental Health Redesign Task Force. Furthermore, by directing that "quarterly reports" be given to the Board, the resolution gives the appearance that time is not of the essence in this matter. Over the past two decades, two rather in-depth studies of BHD produced reports containing several detailed recommendations for improvements that have gone largely undone. This committee firmly believes that further delay of improvements cannot be tolerated.

<u>Task 2</u>: Utilize, reassess, and update previously gathered information regarding BHD Space Needs to provide preliminary cost analysis of the cost to build a new facility on the County Grounds.

On the surface, the directive for this committee to provide a preliminary cost analysis of the cost to build a new facility seems like a rather straightforward task. There is plenty of data available on which to base a construction budget. But as testimony was received and work progressed, it became clear that this was not going to be as cut and dried as it appeared.

The primary reason for adopting the resolution that formed this committee is to improve the quality of mental healthcare available to Milwaukee County residents. In order to successfully achieve this goal, it must first be determined which services are best performed by the county and which services are best performed by the community. Only after this assessment is complete, and a new service delivery model is adopted, can a determination of the size, design and ultimate cost of a new facility be reached.

With this understanding, the committee endeavored to formulate a cost analysis of building a new facility based on a purely hypothetical model. DHHS staff spent countless hours arriving at a scenario making this possible by first hypothesizing on space needs. Once this was complete, a professional architect was used to formulate a likely design and develop a construction cost estimate.

a. Summary of Hypothetical BHD Space Needs Throughout the course of the Facility Committee's deliberations, DHHS presented a hypothetical model of care, which would significantly decrease the number of inpatient beds at the BHD Facility, and ramp up community services to support individuals with mental illness in their homes. Below is a chart comparing the current BHD Facility capacity with the Hypothetical Mental Health Facility Downsizing Model.

BHD Service	Current Capacity	*Hypothetical Model
		Capacity
Inpatient Acute Units	4, 24-bed units; 96 total beds	2, 24-bed units; 48 beds
(Adult)		
Inpatient Acute Units (Child	1, 24-bed unit; 24 total beds	0 units (BHD PCS would only
and Adolescent)		assess children—there would
		be no inpatient beds)
Rehabilitation Central	3, 24 bed units; 70 total beds	1 unit with approximately 24
j.t.		beds, or fewer
Hilltop Rehabilitation	3, 24 bed units; 72 total beds	1 unit (or 2 smaller units) with
Center		approximately 24 beds
Psychiatric Crisis	18 beds	24 beds
Observation Beds		
Total Nursing		
Home/Inpatient Beds	280	120
Facility Square Footage	Current Bldg:	Hypothetical Bldg:
	590,986 square feet	200,000 square feet

^{*}The information summarized in the chart above regarding the number of beds needed in a BHD downsize hypothetical model is explained in more detail in a chart prepared by DHHS staff. See Attachment 1 for details.

b. Summary of cost analysis:

1. Capital Costs (Facility—only)

Zimmerman Architectural Studies put together an initial design for a hypothetical new facility, based on the assumptions presented to the committee by BHD. The design includes the following:

- Location: Facility built on 10 to 13 acres of County owned lands on the County Grounds
- Facility Size: Approximately 200,000 square feet
- Included:
 - o 96 long-term and inpatient beds and 24 observation beds
 - o Approximately 140,000 square feet patient areas (patient units, support services, day treatment)
 - o Approximately 60,000 square feet medical office building (4 story) including 300 offices/cubes, which was based on the percentage decrease in the number of patient beds
 - o Patient Care/Hospital layout is a one story complex with 24 beds per unit
 - o Some expansion/swing space to be used as needed

^{**}A preliminary schematic depicting what a building built to support the hypothetical model capacity is also attached.

The chart below summarizes the cost estimates for the Facility. According to Zimmerman, the price per square foot range estimate would be \$200-\$242.

	\$200/sq.ft.	\$242/sq. ft.
Construction Costs for	40,000,000	48,400,000
Building		
Owners Contingency	4,000,000	4,840,000
(10%)		
Architectural	2,600,000	3,146,000
Engineering Fees (6.5%)		
Reimbursable Expenses	210,000	248,000
Site Preparation**	1,393,000	1,393,000
Land-County Grounds	0	0
Information Technology	600,000	600,000
Patient Furniture*	0	0
Office Furniture	360,000	360,000
Moving Cost	200,000	200,000
TOTAL COST	\$49,363,000	\$59,187,000

Detailed costs:

- *Patient furniture not included. BHD staff will look at this more based on on-going furniture replacement initiative at BHD.
- **Site preparation: estimated at \$1,393,000 (included above)
 - Parking (450 surface spaces) islands, access roads, curb and gutter and a majority of the landscaping
 - o 34 acre detention pond (storm water management)
 - o Storm sewer and laterals to pond
 - o Manholes and catch basin
 - o Sewer line addition based on the length of the run
 - o Loop water system (two water sources) for hospital code

The committee recognizes the fact that the final decision on whether the county proceeds on building a new facility on its own may ultimately be driven by cost; can we afford it?

2. Proposed Financing:

Milwaukee County's Capital Finance Manager presented the Facility Committee with a sample debt service scenario to fund the construction of a new behavioral health facility through the Milwaukee County Capital Budget.

Estimating that it would cost \$55 million to construct a new behavioral health facility (the mid-point of the construction cost range provided by Zimmerman); the debt service schedule prepared resulted in annual payments of approximately \$4.5 million

with a total estimated debt service of approximately \$90 million. (Using the high point of the range, \$60 million, would yield \$5 million in annual payments, and approximately \$100 million total).

According to the Capital Finance Manager, if the County were to borrow \$60 million to construct a new behavioral health facility and continue its current debt management practices, it would need to refrain from borrowing for the years 2012 through 2014 for other capital needs or lift the self-imposed borrowing cap for 2012 and 2013 to allow for additional borrowing of up to \$30 million each year based on the hypothetical model to fund the new hospital.

The existing facility is old, outdated and costly to operate. The committee recommends that any new facility that is built be done utilizing "green design standards" to maximum extent possible.

Due to the size and scope of a construction project of this magnitude, and considering the relatively high unemployment rates in certain parts of Milwaukee County, the committee further recommends that the current requirements for DBE participation on county contracts be enforced, and encourages achievement of the county residency goal.

3. Operating Cost Savings:

DHHS presented the following estimated operation cost savings associated with the downsizing of the current facility and the construction of a new, smaller behavioral health facility. These estimated savings are included strictly as a means of highlighting the financial advantages of operating in a new facility. It is recommended that these funds not be deducted from the overall BHD budget but rather be redirected into expanding community support services.

Cost	Potential Savings for New Building
Utilities, skilled trades, general maintenance, grounds, fire protection, material, security, and housekeeping (17.43/sq. foot)	\$6.8 million*
Anticipated 20 percent staff reduction	\$13 million
Total	\$19.8 million

^{*}This figure does not take into consideration the use of energy efficient building materials, and therefore is likely on the conservative side.

As stated previously, this cost analysis is based on a <u>purely hypothetical model</u>. The final size, design and ultimate cost of a new facility will be determined by the services continued to be provided directly by the county. <u>As such, the committee strongly recommends that prior to</u>

moving forward with spending any funds to begin planning and constructing a new facility, the Board must first determine what the redesigned mental healthcare system will look like.

Upon approval of the redesign plan, if the Board determines that a new hospital is unaffordable, as an option to building a new hospital on its own, the county could:

- a. Make cost effective use of excess capacity among providers who are currently providing services to Milwaukee County. The HSRI report indicated excess bed space is already available within the community. Partnering with these providers could offer a more affordable solution and better patient care than a large hospital setting, even one that is reduced in size from the current 280 bed facility.
- b. Convert to a care delivery model that provides these services in Community Based Residential Facilities (CBRF) of sixteen beds or less as proposed in the Holloway Plan. This model also offers potential for increased federal reimbursement dollars for the county.
- c. Contract with a private provider to build and lease for the county to operate or build and operate for the county a new facility on the county grounds.

Task 3: Provide possible locations on the County Grounds for a new facility

The following three sites were presented to the committee as possibilities for the construction of a new behavioral health facility.

A. The current BHD Facility Site

Pros: The site has convenient freeway access. It is also familiar to consumers and others who are currently utilizing services at BHD. There are up to \$20 million in encumbrances on the current facility, associated with the clearing of the site for sale. Rebuilding on this site may mitigate the need to completely clear the site, allowing those debts to be reworked into a new facility, and preventing the county from having to come up with the funds to pay them off.

Cons: Rebuilding on the same site of the existing hospital could pose challenges and additional costs to continue providing services without interruption. This is also a valuable site and could produce revenue that could be used to defray the cost of a new facility or be put into a trust fund which could provide a steady stream of revenue that could be used to help pay for mental health services in the future.

B. The site off of Wisconsin Avenue, between 92nd Street and the freeway, which is currently part of the Children's hospital lease though it is not currently being used by Children's.

Pros: This location has good freeway access as well as a direct route to downtown. Many other bus lines feed into Wisconsin Avenue making this site easily accessible. While it is on the border between the City of Milwaukee and the City of Wauwatosa no zoning changes would be required.

Cons: The site is currently under lease to Children's Hospital and the county would have to negotiate taking possession of this site back from them. It is unknown if Children's Hospital would be receptive to this idea, and if so what if any compensation would they be looking for.

C. The site north of the Ronald McDonald House site and next to the power plant (there is a food service building in that area currently and it has also been used as an unofficial dog walking site)

Pros: The land here is unused and completely under the control of Milwaukee County. It is likely a less valuable piece of land because of its location than the current site and the county would not have to rework any existing leases as with the Wisconsin Avenue site.

Cons: It is set back quite a distance from Watertown Plank Road. It may not provide the most aesthetically pleasing atmosphere to BHD users as it would be tucked away behind the Ronald McDonald House and near the power plant and food service buildings.

Based on a review of the information listed above, the committee recommends that any new facility that may be built should be located at site B listed above.

Task 4: Recommend other funding sources and a timeline for this project

Funding Sources:

Financing provided through the Milwaukee County Capital budget program is discussed above under Task 2. The Facility Committee recommends the development of an internal finance team or "Workgroup" consisting of staff from the Behavioral Health Division, Department of Administrative Services, County Board, and Department of Audit to assist in finance planning. As part of their finance planning, the aforementioned workgroup shall research other public and private psychiatric hospitals that have recently built to provide project timeline and funding sources.

The resolution (File No. 10-322) that created the New Behavioral Health Facility Study Committee sets aside the remaining portion of the approximately \$12.5 million in capital funding that was approved in the 2010 BHD budget. As of the date of this report, approximately \$10.7 million is available for use.

A potential partial funding source could be the sale of the existing BHD land. At the May 10, 2010 meeting of the Facility Committee, the committee voted 5-0 on a motion directing the Milwaukee County Real Estate Services Division to prepare a current appraisal of the BHD facility land.

The vast majority of counties in this state do not operate their own mental healthcare hospitals. While Milwaukee County partners with local private providers for some inpatient care, the current arrangement allows for those providers to "cherry pick" the patients they want, leaving the county to serve the most acute patients and those without a payer source. While this partnership has successfully addressed the concerns of local law enforcement agencies over the admittance time to PCS, it has also exacerbated the financial strain on BHD's operating budget. An alternative to the County building its own facility would be having the hospital built by a private developer. This approach would allow the county to resume capital bond borrowing in 2012 through 2014 for other needed projects that would likely be delayed if the county borrows to build a new mental health facility.

Timeline:

The Facility Committee is concerned about the timeline for this project. As previously mentioned, the County Board recently adopted policy (File No. 11-173/11-284) directing the creation of a Mental Health Task Force to redesign the Milwaukee County mental health system and provide the County Board with a data-driven implementation plan. It is estimated that it will take six months after assembled for the Mental Health Task Force to pull together an implementation plan, and another 18-24 months to fully implement it.

Construction of a new facility is estimated to take 24-36 months and can be completed simultaneously to the implementation of the Redesign Task Force plan.

Task 5: Obtain and analyze other information

The Facility Committee requested a chart from DHHS depicting the trade-off in services related to downsizing—specifically, if BHD loses 50 inpatient beds, what is the estimated need in the community to replace services for those individuals and what does that cost.

According to DHHS, the Mental Health Redesign Task Force will be working to determine the specific resources needed as it begins its work to move various recommendations regarding Milwaukee County's mental health service system forward. The specifics of any community-based services may be redefined through the work of the Task Force, therefore all estimates below will need to be refined accordingly.

Below is a summary of the potential services needed in the community and their current costs per slot:

Needed Community Services	Assumptions	Rough cost estimate
Relocation Initiatives	A PARTY OF THE PAR	
Specialized community based residential slots w/ supportive services for Hilltop	Based on a Disabilities Services Division (DSD) analysis of the cost of community-based services for 7 individuals relocated from Hilltop from 2008 to 2010 and 54 individuals living in the community during 2009 who formerly resided in an ICF/MR, the average annual cost of care is \$58,794. Estimates include a 10% cost increase to account for increased costs, inflation and acuity. The costs include an average annual cost of \$42,192 for residential services including CBRF, Adult Family Home and Support Apartments and \$16,601 for other supportive services including case management, day center services, counseling and therapeutic resources, daily living skills training, pre-vocational services and transportation.	Residential Care: 48 individuals x estimated annual cost of \$64,673 for a total of \$3,104,309 Specialized CSP including Home Health - \$11,054 x 48 = \$530,592 Total: \$3,634,901
Specialized community based residential slots w/ supportive services for Central	Based on a BHD analysis of the cost of community services for 21 individuals relocated from Rehab Central from 2006 to 2011, the average annual cost is \$43,885. In addition to residential care, these clients will need intensive services including day and specialized CSP services. Estimates include a 10% cost increase to account for increased costs, inflation and acuity.	Residential Care: 48 individuals x estimated annual cost of \$48,273 for a total of \$2,317,128 Specialized CSP including Medical Services - \$11,054 x 48 = \$530,592 Day Services - \$73,320 x 48 = \$3,519,360 Total: \$6,367,080
Enhanced Community	1810年,1910年	
Services		
Targeted Case Management (TCM)	The TCM and CSP gross cost estimate was obtained by using the average gross unit cost from all BHD-funded community providers based on 2011 cost estimates submitted by each agency.	100 slots x \$4,035 = \$403,500

	The number of slots is based on average referrals to these programs from within BHD.	
Community Support Program (CSP)	See above.	100 slots x \$11,054 = \$1,105,400
Supported Employment	Based on initial estimates from the State for 1915i services	100 slots x \$11,960 = \$1,196,000
Community Linkage and Stabilization Program (CLASP)	This program provides Peer Specialists within a community-based program to individuals discharged from Acute Inpatient or Crisis Services. The program is focused on individuals not connected with CSP or TCM programs.	500 slots x \$2,600 = \$1,300,000
Peer Specialists	Enhance TC, CSP and other community support services by embedding Peer Support Specialist with existing services	20 FTE x \$42,120 annual salary (inc. benefits) = \$842,400
Outpatient Mental Health services	Enhance TCM, CSP and other community support services by embedding Peer Support Specialist within existing services.	1,500 slots x \$2,885 = \$4,327,500 (including medication)
Enhanced Crisis Services		
Enhanced community-based crisis capacity, including crisis respite beds, crisis response team, and high intensity crisis capacity	Estimated additional funds needed to support more crisis beds, another mobile crisis team and high-intensity crisis capacity	Additional Crisis Resource Center = \$800,000 Additional Respite Center for DD/MI= \$650,000 Fully fund existing Crisis Resource Center=
Increased capacity in the Observation Unit and Day Treatment to serve more individuals, particularly with higher acuity		\$300,000 The cost of any increased capacity at BHD has been incorporated into earlier reports regarding the costs of any new, downsized facility based on the hypothetical model
Increased crisis capacity, including crisis care management & mobile crisis team	Move to a 24-hour operation and add an addition team with clinical support. Staffing to include psychiatry, psychology, other clinician staff and transfer nurses. This initiative will also support relocation initiatives and the DD/MI population.	\$2,950,000
Infrastructure and Systems Support		

Increase quality assurance	2 positions	\$220,000
Increase legal consultation	1 position and some outside consultation	\$250,000
TOTAL ESTIMATE:		\$24.3 Million

All enhanced community and crisis services include anticipated programming for the relocation and downsizing efforts, including Hilltop and Central.

It should be noted that some of these costs could be offset with other revenue such as Medicare, Medicaid, Family Care and private insurance. This would be dependent on eligibility and also on the State and Federal budgets.

CLOSING SUMMARY

Milwaukee County cannot continue to operate a 280 bed mental health facility. The current building is too large and must be downsized. The present model of care is financially unsustainable and the Facility Committee agrees that the county can better meet the needs of the clients in a less costly, patient-centered model of care provided in the community.

Over the past year, several committees consisting of various county and private providers along with consumers and advocates have spent hundreds of hours assembling multiple reports containing recommendations, all with the primary goal of improving the delivery of mental health services to the community. The Facility Committee firmly believes that these recommendations, unlike those of past workgroups whose recommendations have largely gone ignored, must be implemented at once. The County Board can no longer tolerate further delay.

In order to understand the financial impact building a new facility would have for Milwaukee County, this report was based on a hypothetical 120 bed hospital. Ultimately, the size of the new BHD facility will be determined on the amount and type of services the county will continue to provide. This is best determined by first discovering what the community can provide and then building a county-run model that will focus on providing the services otherwise not available in the community. All services, whether community or county provided, must be based on a patient-centered model of care.

In order to best achieve the recommended outcome, the Facility Committee recommends the following action plan:

The Mental Health Redesign and Implementation Task Force should review all the recommendations from the various reports presented over the past year to determine the best care practices available and then build a delivery of care model based on those practices. Final

recommendations should be presented to the Health and Human Needs Committee during the December 2011 meeting cycle.

The Interim Director, DHHS, shall issue Requests for Proposals (RFPs), renegotiate existing contracts, and/or realign county-provided inpatient care as needed to make immediate improvements, including the reconfiguration of acute adult inpatient units, to create a 12-bed Intensive Treatment Unit (ITU), a combined Women's Option /Med-Psych Treatment Unit, and two remaining mixed gender units designated as General Acute Treatment Units, and the creation of a "children's suite" in PCS with a separate outside entrance, consistent with adopted resolutions and county planning efforts, with submission of contracts to the Health and Human Needs and Finance and Audit Committees by the December 2011 cycle of the County Board.

Simultaneously to the Mental Health Redesign and Implementation Task Force's work, the Department of Health and Human Services should issue an Request for Information (RFI) based on (File No. 11-197/11-323) to determine what capacity presently exists in the community and how it can be successfully incorporated into the new delivery model, and shall provide the information obtained through this process to the Mental Health Redesign and Implementation Task Force for the development of follow-up RFPs, contract revisions, and other system changes as recommended by the Mental Health Redesign and Implementation Task Force and approved by the County Board. DHHS is authorized and directed to issue RFPs on behalf of the Mental Health Redesign and Implementation Task Force's work for the development of a community-based delivery model, and provide an update to the Health and Human Needs and Finance and Audit Committees by the January 2012 County Board committee meeting cycle regarding the outcomes of the RFP process, including consideration of any resulting contract changes as soon as possible.

The Interim Director, DHHS, shall also report back to the Health and Human Needs and Finance and Audit Committees in the January 2012 County Board committee meeting cycle with recommendations related to the option of Milwaukee County constructing, owning and/or operating an inpatient facility on the County Grounds and how these options would tie into the broader system of redesign of mental health services; this report shall include recommendations as to the preferred level of continued inpatient care to be provided at the new facility, inpatient care services that are recommended for community-based inpatient or alternative community-based care, recommendations regarding the future use of the current BHD facility, and potential options for financing the recommended services.

The Architectural, Engineering and Environmental Services Division is authorized and directed to issue an RFP for architectural design services for the new facility, the results of which shall be included in a report submitted to the Committees on Health and Human Needs and Finance and

Audit in the March 2012 County Board committee cycle. Funds remaining in the allocated contingency fund within Capital Funds (WE033) shall be used to pay for these services.

Report Attachments

- 1. Hypothetical Mental Health Facility Downsizing Model Chart and Building Schematic
- 2. New Behavioral Health Facility Committee Meeting Summary Chart
- 3. Map of the County Grounds with potential facility sites marked
- 4. File No. 10-322

Hypothetical Mental Health Facility Downsizing Model

Considering Five Major Service Areas: Hilltop, Rehab Central, Acute Adult Inpatient Services, Child Acute Inpatient Services, Psychiatric Crisis Services

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Canadad or enhanced mental health evetem	What would be	What would be in	Estimated	Estimated fiscal &
capacity essential to support any facility downsizing	downsized from	a new Milwaukee	square	potential fiscal issues
effort & challenges to downsizing	the current	County mental	footage	
	BHD facility	health facility	needed in	
			new facility	
Need to replace every Hilltop bed closed with a	2 Units could	1 unit (or 2	\$242/per	
highly specialized, community-based residential slot.	close (48 beds)	smaller units)	square foot	Initial investment is
These would be structured, supervised and have		with		needed to develop
programmed activities		approximately 24		expanded community
		beds for patients	Does NOT	capacity before any units
Need to assess current capacity in the community.		with dual	include	could be closed and any
There may be potential providers who could develop		diagnosis of	parking or	resources made available
new and/or enhanced services		developmental	detention	to invest in additional
		disabilities and	spuod	needed community
Need to enhance/ expand community-based crisis		mental illness to		infrastructure.
canacity		treat patients		
		unable to be		Cost of community
Need a high-level crisis response team		served elsewhere;		residential slots
				unknown
Need high-intensity crisis capacity				:
				Are Family Care
Need to enhance/expand PCS capacity and/or short				reimbursement rates
term stabilization capacity				sufficient to build
				capacity?
Need to increase outpatient mental health capacity				Cost of operating the
				Cost of Operating and

Need to address medical issues of individuals in the	remaining unit with
community since those needs are now met at the	higher acuity/needs
Hillon facility	clients is unknown.
	BHD must develop a
Need to increase training of doctors (medical and	detailed staffing plan.
psychiatric) to care for these individuals in the	
community	When and to what extent
Need to address strategies for getting individuals to	overhead savings can be
appointments, clinics, activities etc. If individuals	realized including fiscal,
are at Hilltop, treatment services are on-site	HR, utilities, operations,
•	housekeeping etc 1s
Could be zoning challenges	unknown.
17.	
With appropriate services and structure, 11ving in the	
recond better	
Need to develop a quality assurance infrastructure	

Note: A BHD and DSD sub-committee has been formed to develop and analyze essential information required to begin a downsizing planning process and develop a strategy and plan for downsizing. This Hilltop program downsizing initiative was included in the 2011 Milwaukee County Budget. An informational report (February 22, 2011) was just presented to the Health and Human Needs Committee with the progress as of that time.

BHD facility	e o c c c c c c c c c c c c c c c c c c	What would be in a new Milwaukee County mental health facility	Estimated square footage needed in new facility	Estimated fiscal & potential fiscal issues
Capacity needed and challenges to downsizing 2 Units could similar to Hilltop close (48 beds)		1 unit with approximately 24 beds or fewer	\$242/per square foot	Initial investment is needed to develop
Need to replace every Rehab Central bed closed with a highly specialized, community-based residential slot. These would be structured, supervised and have programmed activities			Does NOT include parking or	expanded community capacity before any units could be closed and any resources made available
There is some capacity in the community to serve these individuals but would need resources to			spuod	needed community infrastructure.
expand				Determine appropriate
There is a potential need for a police liaison				license for unit that remains.
Need to enhance/ expand community-based crisis capacity				Most patients receive care funded by tax levy.
Need a high-level crisis response team				Significant initial
Need high-intensity crisis capacity				investment is needed to develop community
Need to enhance/expand PCS capacity and/or short term stabilization capacity				capacity before any units could be closed and any resources made available

y see a see		to invest in additional
Need to increase outpatient illental ileatur capacity		needed community
Need to address medical issues of individuals in the		infrastructure.
community since those needs are now met at the		Cost of operating the
Kenao Central Iacility		remaining unit with
Need to increase training of doctors (medical and		higher acuity/needs
psychiatric) to care for these individuals in the		clients is unknown.
community		BHD must develop a detailed staffing plan.
Need to address strategies for getting individuals to		
appointments, clinics, activities etc. If individuals		the state of the s
are at Central, treatment services are on-site		when and to what extent
Could be zoning challenges since some individuals		realized including fiscal,
have criminal backgrounds		housekeeping etc is
With appropriate services and structure, living in the community could benefit some patients who might respond better		unknown.
1. 1 to 1 and 1 and 1 to 1 and 1 to 1 and		
Need to develop a quainty assurance intrastructure		
	od to P	

Estimated fiscal & potential fiscal issues		Most of the children	have insurance.	BHD may not realize	budget savings from	closing the unit since	revenues are currently	slightly overstated.	Need to determine if	CAIS staff would be	redepioyed within Brid.	Potential changes in	Medicaid may affect	private system	willingness to expand	capacity.
Estimated	footage needed in new facility		>													
What would be in a new Milwaukee	County mental health facility	00 mlm 300	assess children,	•												
What would be	the current BHD facility	1 11 11 11 11	close													
Expanded or enhanced mental health system	effort & challenges to downsizing		Need private health system(s) to accept patients and have a zero rejection policy													

Acute Adult Inpatient Services				
Expanded or enhanced mental health system	What would be	What would be in	Estimated	Estimated fiscal &
capacity essential to support any facility downsizing	downsized from	a new Milwaukee	square	potential fiscal issues
effort & challenges to downsizing	the current	County mental	footage	
	BHD facility	health facility	needed in	A 40 A 40 T T T T T T T T T T T T T T T T T T
			new facility	
Improve community options first	2 Units could	2 units for 48	\$242/per	Private health systems
	close	peds	square foot	need assurance of an
Need better short-term & long-term housing options				income suearn
Mood increased oricis canacity including crisis care		Expand Observation unit	Does NOT	New agreements with
management and short-term crisis case management		(OBS beds)	include	private hospitals would
			parking or	need a zero rejection
Need increased outpatient capacity, including		Clinically, the	detention	clause and a shared risk
outhatient therapy		smaller the unit	spuod	and responsibility for all
		the better		patients.
Outpatient services need crisis walk-in capacity		ב פייןמיי מייטרורר א		RHD may need to
		Addiess resuming		Charles of the control of the contro
Need a continuum of case management and		acuity in Day		provide a subsidy to
increased capacity		leannein		caring for indigent and
Need better and more co-occurring services				underinsured clients.
				1
Need to expand and develop workforce (Need more				Revenue for BHD may
psychiatrists, therapists)				are sent to other
Notes is a second consolity in nortial hospitalization				facilities leaving the
Need increased capacity in partial incoprimination;				highest acuity, most
and the control of th				indigent at BHD
Need to analyze high inpatient users and develop				
new care moders		1		

Need to enhance/ expand active treatment		
Need to expand residential training and development	Cost of remaini	Cost of operating the remaining unit if patients
and back-to-work programs	have hi	have higher acuity/needs is unknown. BHD must
Need agreements with private health systems to expand inpatient capacity and take patients not currently serving	develop	develop a detailed staffing plan.
Need to develop a quality assurance infrastructure	When a overhea	When and to what extent overhead savings can be
	realized HR, util	realized including fiscal, HR, utilities, operations,
	housekeep unknown.	housekeeping etc is unknown.

Expanded or enhanced mental health system capacity essential to support any facility downsizing effort & challenges to downsizing	What would be downsized from the current BHD facility	What would be in a new Milwaukee County mental health facility	Estimated square footage needed in new facility	Estimated fiscal & potential fiscal issues
The more people served in the community, the larger the need for crisis services and the higher acuity expected		Need enhanced space for PCS or admission area	\$242/per square foot	Cost of additional resources will need to be determined as final plans are made including
Need a "high-impact" (high-intensity) facility		PSC should be located near or in	Does NOT include	staffing patterns, costs of technology for
Need a bigger mobile crisis team with more doctors		medical facility	parking or detention	telemedicine capacity, and additional obs/beds.
Need an admissions area or entry point			spuod	
Could expand telemedicine capability				

linkages to services in the community. This analysis has begun and the next quarterly report to the County Board Health and Human Needs Committee should include further information as identified in the February 22, 2011 informational report to the Committee. Note: The 2011 Milwaukee County Budget directs BHD to conduct a crisis bed analysis to survey the need for crisis beds in the County to alleviate the strain on the Psychiatric Crisis Services (PCS) Admission Center and build capacity for stabilization and

New Behavioral Health Facility Study Committee Meeting Summary

January 12, 2011 2	
	1. Introduction and overview of the special committee's structure and goals 2. Informational report from Sup. Jursik, regarding work performed by the LRSP committee with
3 2	regards to the Behavioral Health Facility 3. Verbal report from the Interim Director, DHHS, providing an overview of the County Executive's
п 4	mental health redesign plan 4. Informational report from BHD staff, explaining the different program areas at the BHD, including
1 2	the licensing, procedures and regulations in each program area 5. Confirm upcoming meeting dates and times
February 1, 2011 2	1. Informational report from BHD staff regarding space usage and schematics at the current facility 2. Overview from Peg DuBord, Transitional Living Services/Crisis Resource Center, regarding the
3	CRC along with potential vision for crisis services in the future 3. Detailed review of the BHD Crisis Service operations provided from BHD staff
February 15, 2011	I. a. A report from BHD and County Board staff, comparing HSRI and the Holloway Mental Health
2	Initiative b. Rob Henken, President of the Public Policy Forum, discussing the recommendations in HSRI 2. Informational report from BHD staff regarding the cost of operating separate acute units
March 15, 2011	1. Presentation from Mr. Karl Rajani, President of Genesis Healthcare, Dr. Flowers, and Dr. Kubin, regarding a proposal for a Public/Private Partnership for a cost-effective redesign of the mental health
w. 2	system 2. Informational report from community providers discussing current programs and future
- R	advancements in the programs a. Ms. Janet Wimmer, Wisconsin Community Services b. Ms. Jennifer Alfredson, MSW, LCSW, Case Management Services Program Direct and Liz

	Cabriel 1 CSW CSP Program Director. Health Care for the Homeless
	3. Review draft statement from Sup. De Bruin regarding HSRI study adoption
March 29, 2011	1. Space usage estimates and fiscal input from BHD staff regarding a prospective new Behavioral Health Facility
	2. a. From the Interim Director, DHHS, providing an overview of the follow-up report regarding
	Mixed-Gender Patient Care Units at BHD
	b. Doug Jenkins, Deputy Director of Audit, to discuss safety recommendations and future essentials
	for a potential new behavioral health facility
	3. Informational report from Glenn Bultman, County Board Research Analyst, regarding possible land
	spaces available on the County Grounds for a new behavioral health facility.
April 19, 2011	1. Discussion about Emergency Detentions at the behavioral health facility
•	a. Dennis Purtell, Assistant State Public Defender
	b. Patrice Baker, Probate Court Commissioner (withdrawn from agenda prior to meeting)
	2. From the Interim Director, DHHS, submitting an informational report including details regarding
	fiscal estimates and square footage for replacing the existing mental health complex in Milwaukee
	County
	3. Pam Bryant, Milwaukee County Capital Finance Manager, to discuss bonding issues entailed with
	building a new behavioral health facility
May 10, 2011	1. Distribution of follow-up reports
	a. Follow-up report from Mr. Dennis Purtell, Assistant State Public Defender, providing State Public
	Defender Costs for Chapter 51 representation in Milwaukee County
	b. An updated report from Ms. Pam Bryant, Milwaukee County Capital Finance Manager, regarding
	questions surrounding the financing of a new behavioral health facility
	2. Interim Director, DHHS, and BHD Administrator submitting an informational report regarding:
	a. Estimated operational costs and potential operations savings from a new facility
	b. Estimated level of expansion of community supports/private sector beds needed to implement
- 10	hypothetical model
	c. Timeframe regarding how long it would take to build up the private sector and the effect that

	might have on the operations and capital budgets
	3. A resolution by Supervisor Thomas in support of efforts to redesign and transform Milwaukee
	Facility Study Committee to submit an action-oriented plan to implement HSRI study findings and
	other recommendations (File No. 11-197/11-323)
May 24, 2011	1. A resolution by Supervisor Thomas in support of efforts to redesign and transform Milwaukee
	County's mental health delivery and financing system and directing the New Behavioral Health
	Facility Study Committee to submit an action-oriented plan to implement HSKI study Infamilys and other recommendations (File No. 11-197/11-323) (At the 5/10/11 New BHD Facility Study Committee
	meeting this item was laid over to the call of the chair)
	2. Informational report from Craig Dillmann, Real Estate Services, on the general framework appraisal
	process
	3. Review of final report draft
June 28, 2011	1. Discussion and planning related to the tasks assigned to the Facility Committee in the resolution
	transform the Milwaukee County mental health delivery and financing system and directing the Facility
	Committee to submit an action-oriented plan to implement the HSRI Study findings and other
	recommendations.
July 12, 2011	1. Informational report from Craig Dillmann, Real Estate Services, regarding the results of the BHD
(This meeting was canceled)	Facility appraisal.
	2. Review of recommended changes and approve racility Committee's Illian report.
	a. Consideration of requested report from the Interim Director, DHHS, regarding suggestions for an
	RFP/RFI for behavioral health services.
	b. Consideration of requested report from the Interim Director, DHHS, approximating the services that
	would be needed in the private sector to downsize the current Behavioral Health Facility.
August 9, 2011	1. Review recommended changes and approve Facility Committee's final report, which will be
)	submitted to the Chairman's office for referral.
	a Consideration of requested report from the Interim Director, DHHS, regarding suggestions for an

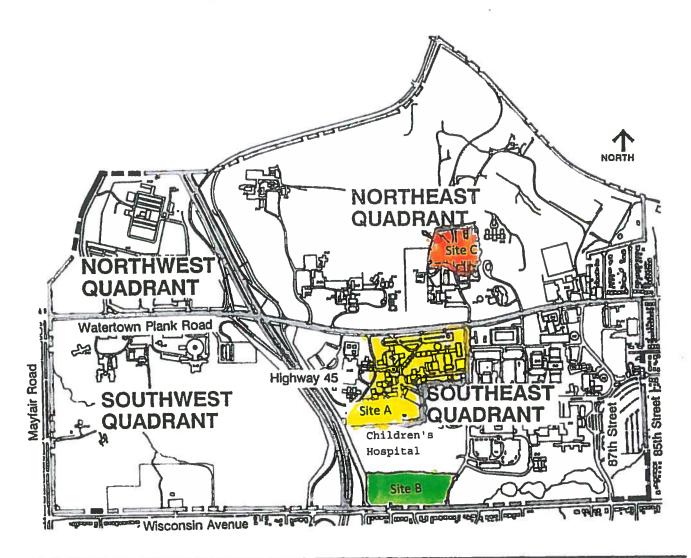
Milwaukee County Grounds

LAND USE PLAN

PLANNING AREA

The planning area is shown on the map below. The three exhibit photos that follow provide a visual overview of the primary sections of the study area.

PLANNING AREA



April 1989